

Complete Summary

GUIDELINE TITLE

Integrating smoking cessation into daily nursing practice.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Oct. 80 p. [59 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
 EVIDENCE SUPPORTING THE RECOMMENDATIONS
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
 QUALIFYING STATEMENTS
 IMPLEMENTATION OF THE GUIDELINE
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
 CATEGORIES
 IDENTIFYING INFORMATION AND AVAILABILITY
 DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Tobacco use

GUIDELINE CATEGORY

Treatment

CLINICAL SPECIALTY

Family Practice
 Nursing

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

To provide direction to practicing nurses during daily practice in all care settings, both institutional and community

TARGET POPULATION

Adults who smoke

INTERVENTIONS AND PRACTICES CONSIDERED

Treatment

1. Minimal smoking cessation intervention
2. Intensive smoking cessation intervention
3. Pharmacotherapy
4. Nicotine replacement therapy (NRT)
5. Bupropion
6. Clonidine and nortriptyline
7. Non-pharmacological interventions

MAJOR OUTCOMES CONSIDERED

- Number of tobacco users
- Tobacco related-disease rates
- Healthcare costs

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

An initial database search for existing guidelines was conducted in early 2001 by a company that specializes in searches of the literature for health related organizations, researchers and consultants. A subsequent search of the MEDLINE, CINAHL, and Embase databases, for articles published from January 1, 1995, to February 28, 2001, was conducted using the following search terms and key words: "smoking cessation," "smoking addiction(s)," "relapse," "practice guidelines," "practice guideline," "clinical practice guideline," "clinical practice guidelines," "standards," "consensus statement(s)," "consensus," "evidence based guidelines," and "best practice guidelines." In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

A metacrawler search engine (www.metacrawler.com), plus other available information provided by the project team, was used to create a list of 42 Web sites known for publishing or storing clinical practice guidelines.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. In a rare instance, a guideline was identified by panel members and not found through the database or Internet search. These were guidelines that were developed by local groups and had not been published to date.

The search method described above revealed fourteen guidelines, several systematic reviews, and numerous articles related to smoking cessation. The final step in determining whether the clinical practice guideline would be critically appraised was to apply the following criteria:

1. Guideline was in English
2. Guideline was dated no earlier than 1996
3. Guideline was strictly about the topic area
4. Guideline was evidence-based (e.g., contained references, description of evidence, sources of evidence)
5. Guideline was available and accessible for retrieval.

NUMBER OF SOURCE DOCUMENTS

The guideline recommendations were adapted from 8 guidelines.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

In February of 2001, a panel of nurses and researchers with expertise in practice and research related to smoking cessation, from community and academic settings, was convened under the auspices of the Registered Nurses Association of Ontario (RNAO). At the onset the panel discussed and came to consensus on the scope of the best practice guideline.

A critique of systematic review articles and pertinent literature was conducted to update the existing guidelines. Through a process of evidence gathering, synthesis, and consensus, a draft set of recommendations was established.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Published cost analyses were reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This draft document was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various healthcare professional groups, clients and families, as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. The results were compiled and reviewed by the development panel; discussion and consensus resulted in revisions to the draft document prior to pilot testing.

A pilot implementation practice setting was identified through a "Request for Proposal" (RFP) process. Practice settings in Ontario were asked to submit a proposal if they were interested in pilot testing the recommendations of the guideline. These proposals were then subjected to a review process, from which a successful practice setting was identified. A nine month pilot implementation was undertaken to test and evaluate the recommendations. The evaluation took place in a recently amalgamated organization comprised of four different sites and serving clients with addictions and mental health. The development panel

reconvened after the pilot implementation in order to review the experiences of the pilot site, consider the evaluation results and review any new literature published since the initial development phase. All these sources of information were used to update/revise the document prior to publication.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (A-C) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Nurses implement minimal smoking cessation intervention using the "Ask, Advise, Assist, Arrange" protocol with all clients. (Strength of Evidence A)

Recommendation 2

Nurses introduce intensive smoking cessation intervention (more than 10 minutes duration) when their knowledge and time enables them to engage in more intensive counselling. (Strength of Evidence A)

Recommendation 3

Nurses recognize that tobacco users may relapse several times before achieving abstinence and need to reengage clients in the smoking cessation process. (Strength of Evidence C)

Recommendation 4

Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up. (Strength of Evidence C)

Recommendation 5

Nurses implement smoking cessation intervention, paying particular attention to gender, ethnicity, and age-related issues, and tailor strategies to the diverse needs of populations. (Strength of Evidence C)

Recommendation 6

Nurses implement, wherever possible, intensive intervention with women who are pregnant and postpartum. (Strength of Evidence A)

Recommendation 7

Nurses encourage smokers, as well as nonsmokers, to make their homes smoke-free, to protect children, families, and themselves from exposure to second-hand smoke. (Strength of Evidence B)

Education Recommendations

Recommendation 8

All nursing programs should include content about tobacco use, associated health risks, and smoking cessation interventions as core concepts in nursing curricula. (Strength of Evidence C)

Organization and Policy Recommendations

Recommendation 9

Organizations consider smoking cessation as integral to nursing health promotion practice, and thereby integrate a variety of professional development opportunities to support nurses in effectively developing skills in smoking cessation intervention and counselling. (Strength of Evidence B)

Recommendation 10

Nurses seek opportunities to be actively involved in advocating for effective smoking cessation services, including "stop smoking medications." (Strength of Evidence C)

Recommendation 11

Nurses seek opportunities to be actively involved in advocating for smoke-free spaces and protection against second-hand smoke. (Strength of Evidence C)

Recommendation 12

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

(Strength of Evidence C)

Refer to the "Description of the Implementation Strategy" field for more information.

Definitions:

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

It is suggested that if a substantial number of healthcare providers implement minimal smoking cessation interventions, there will be a significant reduction in the number of tobacco users, a decrease in related tobacco diseases, and a lowering of healthcare costs.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor a discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of going to press, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. In this light, the Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators, has developed a Toolkit: Implementation of Clinical Practice Guidelines based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The "Toolkit" provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

IMPLEMENTATION TOOLS

Patient Resources
Tool Kits

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Oct. 80 p. [59 references]

ADAPTATION

The guideline recommendations are adapted from the following 8 guidelines:

- Canadian Nurses Association (1997). Guidelines for registered nurses working with Canadians affected by tobacco. Ottawa, Ontario: Canadian Nurses Association.
- Institute for Clinical Systems Improvement (2000a). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). See the [National Guideline Clearinghouse \(NGC\) summary](#)
- Institute for Clinical Systems Improvement (2000b). Tobacco use prevention and cessation for infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). See the [NGC summary](#)
- National Health Committee (1999a). Guidelines for smoking cessation: Literature review and background information. New Zealand Guidelines Group [On-line]. Electronic copies: Available from: www.nzgg.org.nz
- National Health Committee (1999b). Guidelines for smoking cessation: Quit Now. New Zealand Guidelines Group [On-line]. Electronic copies: Available from: www.nzgg.org.nz
- Royal College of Nursing (1999). Clearing the air: A nurse's guide to smoking and tobacco control. London, England: The Royal College of Nursing.
- University of Toronto Department of Family & Community Medicine (2000). Smoking cessation guidelines: How to treat your patient's tobacco addiction. Toronto, Ontario: A Pegasus Healthcare International Publication.
- U.S. Department of Health and Human Services Public Health Service (2000). Clinical practice guideline: Treating tobacco use and dependence. Office of the Surgeon General [On-line]. Electronic copies: Available in Portable Document

Format (PDF) from:
www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

DATE RELEASED

2003 Oct

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the
[Registered Nurses Association of Ontario \(RNAO\) Web site.](#)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

PATIENT RESOURCES

The following is available:

- Health education fact sheet. Deciding to quit smoking. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Jan. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

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NGC STATUS

This NGC summary was completed by ECRI on September 20, 2004. The information was verified by the guideline developer on October 14, 2004.

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Registered Nurses Association of Ontario (2003). Integrating smoking cessation into daily nursing practice. Toronto, Canada: Registered Nurses Association of Ontario.

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